

RECEIVED  
CENTRAL FAX CENTER

MAR 16 2007

**SYLKE LAW OFFICES, LLC**

756 NORTH MILWAUKEE STREET, SUITE 210

MILWAUKEE, WISCONSIN 53202

PHONE 414-431-2317

FAX 414-431-1317

**FAX TRANSMITTAL COVER SHEET**Date: March 16, 2007

Total number of pages including cover sheet: 48

To: Mail Stop Amendment, United States Patent and Trademark Office

Attn: Examiner A. Sharon, Art Unit 2123

P.O. Box 1450

Alexandria, VA 22313-1450

Fax No.: 571-273-8300

From: C. Thomas Sylke

Comments: Examiner Sharon:

Attached please find a supplemental information disclosure statement and non-U.S. patent document for U.S. Serial No. 10/817,128 (Atty. Docket No. 0101-p03). Please contact the undersigned if you have any questions. Thank you for your assistance.

C. Thomas Sylke

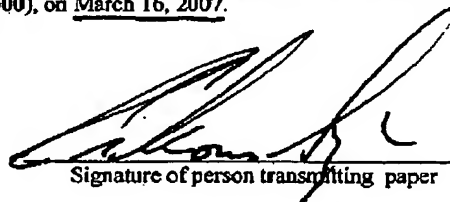
Reg. No. 32,312

**CERTIFICATE OF FACSIMILE TRANSMISSION**

I hereby certify that the attached cover sheet and attachments are being transmitted by facsimile to Mail Stop Amendment, United States Patent and Trademark Office Attn: Examiner A. Sharon, Art Unit 2123, at the United States Patent and Trademark Office (Fax No. 571-273-8300), on March 16, 2007.

C. Thomas Sylke

Printed name of person transmitting paper

  
Signature of person transmitting paper

IF YOU DO NOT RECEIVE ALL PAGES, PLEASE CALL IMMEDIATELY AT:

414-431-2317**IMPORTANT: PLEASE DELIVER IMMEDIATELY**

**THIS DOCUMENT IS INTENDED ONLY FOR THE USE OF THE PERSON TO WHOM IT IS ADDRESSED. IT MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. If you are not the intended recipient, any dissemination, distribution, copying or use of this document is strictly prohibited. If you have received this communication in error, please notify us by telephone (414-431-2317) to arrange for the destruction or return of the original document to us. Thank you.**

PTO/SB/21 (08-09)

Approved for use through 03/31/2007. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

|   |                      |                        |          |
|---|----------------------|------------------------|----------|
| <b>TRANSMITTAL FORM</b><br><br>(to be used for all correspondence after initial filing) | Application Number   | 10/617,128             |          |
|   | Filing Date          | 02 April 2004          |          |
|   | First Named Inventor | Cioffi                 |          |
|   | Art Unit             | 2123                   |          |
|   | Examiner Name        | Sharon, A.             |          |
| Total Number of Pages in This Submission  | 48                   | Attorney Docket Number | 0101-p03 |

RECEIVED  
CENTRAL FAX CENTER

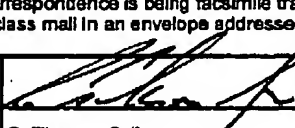
MAR 16 2007

| ENCLOSURES (Check all that apply)   |  |   |
|---|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form                  | <input type="checkbox"/> Drawing(s)  | <input type="checkbox"/> After Allowance Communication to TC                            |
| <input checked="" type="checkbox"/> Fee Attached                          | <input type="checkbox"/> Licensing-related Papers  | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences     |
| <input type="checkbox"/> Amendment/Reply                                  | <input type="checkbox"/> Petition  | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final                                      | <input type="checkbox"/> Petition to Convert to a Provisional Application  | <input type="checkbox"/> Proprietary Information  |
| <input type="checkbox"/> Affidavits/declaration(s)                        | <input type="checkbox"/> Power of Attorney, Revocation   | <input type="checkbox"/> Status Letter  |
| <input type="checkbox"/> Extension of Time Request                        | <input type="checkbox"/> Change of Correspondence Address  | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):         |
| <input type="checkbox"/> Express Abandonment Request                      | <input type="checkbox"/> Terminal Disclaimer   |   |
| <input checked="" type="checkbox"/> Information Disclosure Statement      | <input type="checkbox"/> Request for Refund  |   |
| <input type="checkbox"/> Certified Copy of Priority Document(s)           | <input type="checkbox"/> CD, Number of CD(s) _____   |   |
| <input type="checkbox"/> Reply to Missing Parts/Incomplete Application    | <input type="checkbox"/> Landscape Table on CD   |   |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <b>Remarks</b><br>1 reference (40 pages); certificate of fax transmission; copy of Fee Transmittal Form PTO/SB/017 for deposit account processing (if needed). |   |

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|              |                        |          |        |
|--------------|------------------------|----------|--------|
| Firm Name    | Sylke Law Offices, LLC |          |        |
| Signature    |                        |          |        |
| Printed name | C. Thomas Sylke        |          |        |
| Date         | 16 March 2007          | Reg. No. | 32,312 |

## CERTIFICATE OF TRANSMISSION/MAILING

|   |   |
|---|---|
| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: |   |
| Signature   |  |
| Typed or printed name   | C. Thomas Sylke   |
| Date  | 16 March 2007   |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTO/SB/17 (07-06)

Approved for use through 01/31/2007. OMB 0551-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

## For FY 2006

☐ Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$) \$180.00

### Complete If Known

Application Number 10/817,128  
Filing Date 02 April 2004  
First Named Inventor Cloffi  
Examiner Name Sharon, A.  
Art Unit 2123  
Attorney Docket No. 0101-p03

RECEIVED

CENTRAL FAX CENTER

MAR 16 2007

### METHOD OF PAYMENT (check all that apply)

- ☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_
- ☒ Deposit Account Deposit Account Number: 50-3349 Deposit Account Name: Sylke Law Offices, LLC
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
- ☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

### FEE CALCULATION

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES |                       | SEARCH FEES |                       | EXAMINATION FEES |                       | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
|                  | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)         | Small Entity Fee (\$) |                |
| Utility          | 300         | 150                   | 500         | 250                   | 200              | 100                   |                |
| Design           | 200         | 100                   | 100         | 50                    | 130              | 65                    |                |
| Plant            | 200         | 100                   | 300         | 150                   | 160              | 80                    |                |
| Reissue          | 300         | 150                   | 500         | 250                   | 600              | 300                   |                |
| Provisional      | 200         | 100                   | 0           | 0                     | 0                | 0                     |                |

#### 2. EXCESS CLAIM FEES

| Fee Description  | Fee (\$)            | Small Entity Fee (\$)            |
|--|---------------------|----------------------------------|
| Each claim over 20 (including Reissues)                                | 50                  | 25                               |
| Each independent claim over 3 (including Reissues)                     | 200                 | 100                              |
| Multiple dependent claims  | 360                 | 180                              |
| <b>Total Claims</b>  | <b>Extra Claims</b> | <b>Fee (\$)</b>                  |
| - 20 or HP =   | x                   | = 0                              |
| HP = highest number of total claims paid for, if greater than 20.      |                     |                                  |
| <b>Indep. Claims</b>   | <b>Extra Claims</b> | <b>Fee (\$)</b>                  |
| - 3 or HP =  | x                   | = 0                              |
| HP = highest number of independent claims paid for, if greater than 3. |                     |                                  |
|  |                     | <b>Multiple Dependent Claims</b> |
|  |                     | <b>Fee (\$)</b>                  |
|  |                     | <b>Fee Paid (\$)</b>             |

#### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

**Total Sheets** **Extra Sheets** **Number of each additional 50 or fraction thereof** **Fee (\$)** **Fee Paid (\$)**

#### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): IDS Submission per 37 CFR 1.17(p)

**Fees Paid (\$)**  
0  
180.00

### SUBMITTED BY

Signature  Registration No. 32,312 Telephone 414-431-2317  
Name (Print/Type) C. Thomas Sylke Date 16 March 2007

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTO/SB/17 (07-06)

Approved for use through 01/31/2007. OMB 0551-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number

|   |  |  |  |
|---|--|--|--|
| Effective on 12/08/2004.<br>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).<br><b>FEE TRANSMITTAL</b><br><b>For FY 2006</b> |  | <b>Complete if Known</b><br>Application Number 10/817,128<br>Filing Date 02 April 2004<br>First Named Inventor Cloffi<br>Examiner Name Sharon, A.<br>Art Unit 2123<br>Attorney Docket No. 0101-p03 |  |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27  |  | RECEIVED<br>CENTRAL FAX CENTER<br>MAR 16 2007  |  |
| TOTAL AMOUNT OF PAYMENT (\$) \$180.00   |  |  |  |

## METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 50-3349 Deposit Account Name: Sylke Law Offices, LLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

## FEE CALCULATION

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES |                       | SEARCH FEES |                       | EXAMINATION FEES |                       | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
|                  | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)         | Small Entity Fee (\$) |                |
| Utility          | 300         | 150                   | 500         | 250                   | 200              | 100                   |                |
| Design           | 200         | 100                   | 100         | 50                    | 130              | 65                    |                |
| Plant            | 200         | 100                   | 300         | 150                   | 160              | 80                    |                |
| Reissue          | 300         | 150                   | 500         | 250                   | 600              | 300                   |                |
| Provisional      | 200         | 100                   | 0           | 0                     | 0                | 0                     |                |

## 2. EXCESS CLAIM FEES

| Fee Description  | Fee (\$)            | Small Entity Fee (\$) |
|--|---------------------|-----------------------|
| Each claim over 20 (including Reissues)                                | 50                  | 25                    |
| Each independent claim over 3 (including Reissues)                     | 200                 | 100                   |
| Multiple dependent claims  | 360                 | 180                   |
| <b>Total Claims</b>  | <b>Extra Claims</b> | <b>Fee (\$)</b>       |
| - 20 or HP =   | x                   | = 0                   |
| HP = highest number of total claims paid for, if greater than 20.      |                     |                       |
| <b>Indep. Claims</b>   | <b>Extra Claims</b> | <b>Fee (\$)</b>       |
| - 3 or HP =  | x                   | = 0                   |
| HP = highest number of independent claims paid for, if greater than 3. |                     |                       |

## 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|--|----------|---------------|
| - 100 =      | / 50 =       | (round up to a whole number) x                   |          | 0             |

## 4. OTHER FEE(S)

|   |        |
|---|--------|
| Non-English Specification, \$130 fee (no small entity discount)         | 0      |
| Other (e.g., late filing surcharge): IDS Submission, per 37 CFR 1.17(p) | 180.00 |

|                   |                 |                  |                    |
|-------------------|-----------------|------------------|--------------------|
| SUBMITTED BY      |                 | Registration No. | Telephone          |
| Signature         |                 | 32,312           | 414-431-2317       |
| Name (Print/Type) | C. Thomas Sylke | (Attorney/Agent) | Date 16 March 2007 |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

**RECEIVED  
CENTRAL FAX CENTER****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE MAR 16 2007**

In re application of: CIOFFI et al. Attorney Docket No.: 0101-p03  
Application No.: 10/817,128 Examiner: Sharon, A.  
Filed: 02 April 2004 Group: 2123  
Title: **DSL SYSTEM ESTIMATION AND PARAMETER RECOMMENDATION**

**INFORMATION DISCLOSURE STATEMENT  
37 CFR §§ 1.56 AND 1.97**

Mail Stop AMENDMENT  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

via Certificate of Fax Transmission dated March 16, 2007

Dear Sir:

Any U.S. patent document references listed under the heading "U.S. Patent Documents" in the attached Information Disclosure Statement may be material to examination of the above-identified patent application. Any non-U.S. patent document references listed under the headings "Foreign Patent or Published Foreign Patent Application" and "Other Documents" in the attached Information Disclosure Statement, copies of which are attached, may be material to examination of the above-identified patent application. Applicant submits any identified references in compliance with its duty of disclosure pursuant to 37 CFR §§1.56 and 1.97. The Examiner is requested to consider these references and make them of official record in this application.

Though one or more of the cited references might be material to the patentability of the pending claims in the present application, Applicant respectfully submits that the pending claims are nevertheless allowable over the art of record and the references cited herein. Applicant also notes that the attached PowerPoint presentation document was originally in color; if the Examiner would like a color copy of the document, Applicant's counsel would be happy to provide one by email and/or first class mail.

03/19/2007 TL0111 00000021 10817128

01 FC:1806

180.00 OP

MAIL STOP AMENDMENT  
Commissioner for Patents  
March 16, 2007  
Page 2 of 2

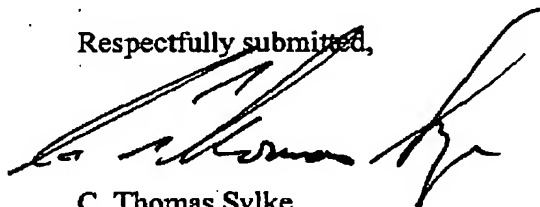
This Information Disclosure Statement is not to be construed as a representation that a search has been made, that additional information material to the examination of this application does not exist, or that these references indeed constitute prior art.

This Information Disclosure Statement is being filed within the time period specified by 37 CFR § 1.97(c) and is accompanied by the fee set forth in 37 CFR § 1.17(p), pursuant to 37 CFR § 1.97(c)(2).

If it is determined that any additional fees are due, please contact the undersigned immediately at 414-431-2317.

Dated: March 16, 2007

Respectfully submitted,



C. Thomas Sylke  
Registration No. 32,312

Sylke Law Offices, LLC  
756 N. Milwaukee St.  
Suite 210  
Milwaukee, Wisconsin 53202  
Phone: 414-431-2317

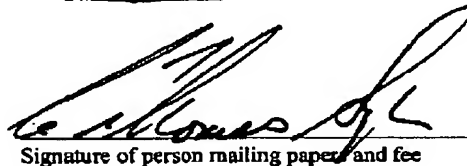
---

**CERTIFICATE OF FACSIMILE TRANSMISSION**

I hereby certify that the attached cover sheet and attachments are being transmitted by facsimile to Mail Stop Amendment, United States Patent and Trademark Office Attn: Examiner A. Sharon, Art Unit 2123, at the United States Patent and Trademark Office (Fax No. 571-273-8300), on March 16, 2007.

C. Thomas Sylke

Printed name of person mailing paper and fee



Signature of person mailing paper and fee

**RECEIVED**  
**CENTRAL FAX CENTER**

|   |   |                           |                    |
|---|---|---------------------------|--------------------|
| <b>Information Disclosure<br/>Statement By Applicant<br/>Pursuant to 37 CFR § 1.97</b><br><br><b>Dated: March 16, 2007</b><br><b>Sheet 1 of 1</b> | Application No.: 10/817,128                             |                           | <b>MAR 16 2007</b> |
|   | Filing Date: 02 Apr 2004                                |                           |                    |
|   | First Named Inventor: CIOFFI                            |                           |                    |
|   | Applicant: Adaptive Spectrum and Signal Alignment, Inc. |                           |                    |
|   | Art Unit: 2631  | Examiner Name: Sharon, A. |                    |
| Attorney Docket No. 0101-p03  |   |                           |                    |

#### U.S. Patent Documents

| Examiner Initial | No. | Document No. | Publication Date | Patentee | Class | Sub-class | Filing Date |
|------------------|-----|--------------|------------------|----------|-------|-----------|-------------|
|                  |     |              |                  |          |       |           |             |
|                  |     |              |                  |          |       |           |             |

#### Foreign Patent or Published Foreign Patent Application

| Examiner Initial | No. | Document No. | Publication Date | Country or Patent Office | Patentee | Translation |    |
|------------------|-----|--------------|------------------|--------------------------|----------|-------------|----|
|                  |     |              |                  |                          |          | Yes         | No |
|                  |     |              |                  |                          |          |             |    |
|                  |     |              |                  |                          |          |             |    |

#### Other Documents

| Examiner Initial | No. | Author, Title, Date, Place (e.g. Journal) of Publication   |
|------------------|-----|--|
|                  | C6  | Aldana, "Interference Estimation for Multicarrier Systems," Electrical Engineering Department, Stanford University, October 2000 (40 pgs). |
|                  |     |  |
|                  |     |  |

**Examiner:** Please initial citation considered; draw line through citation if not in conformance and not considered; and include copy of this form with next communication to applicant.